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|   |   |   |   |   |                                  |                                       |            |            |   |   |              |   |   |                  |                   |  |     |     |   |     |       |                                  |                              |     |  |           |  |   |   |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |          |   |           |                              |   |       |       |           |   |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |        |  |        |                              |   |       |       |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|----------------------------------|---------------------------------------|------------|------------|---|---|--------------|---|---|------------------|-------------------|--|-----|-----|---|-----|-------|----------------------------------|------------------------------|-----|--|-----------|--|---|---|--|--|--|--|--|------------|--|--|------------|------------|-----------------|--|-----------|---|---|------------------|-----------|------------------------|-----------|------------------------|---|-------|------|----------|---|-----------|------------------------------|---|-------|-------|-----------|---|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------------|--|--|------------|------------|-----------------|--|-----------|---|---|------------------|-----------|------------------------|-----------|------------------------|---|-------|------|--------|--|--------|------------------------------|---|-------|-------|--------|--|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875   |   |   |   | Application or Docket Number<br><b>10/785,672</b> | Filing Date<br><b>02/23/2004</b> | <input type="checkbox"/> To be Mailed |            |            |   |   |              |   |   |                  |                   |  |     |     |   |     |       |                                  |                              |     |  |           |  |   |   |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |          |   |           |                              |   |       |       |           |   |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |        |  |        |                              |   |       |       |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>APPLICATION AS FILED – PART I</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">(Column 1)</td> <td style="width: 33%; text-align: center;">(Column 2)</td> <td style="width: 33%; text-align: center;">OTHER THAN<br/>SMALL ENTITY <input checked="" type="checkbox"/> OR<br/>SMALL ENTITY</td> </tr> <tr> <td>FOR</td> <td>NUMBER FILED</td> <td>NUMBER EXTRA</td> </tr> <tr> <td><input type="checkbox"/> BASIC FEE<br/>(37 CFR 1.16(a), (b), or (c))</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/> SEARCH FEE<br/>(37 CFR 1.16(k), (l), or (m))</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/> EXAMINATION FEE<br/>(37 CFR 1.16(o), (p), or (q))</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>TOTAL CLAIMS<br/>(37 CFR 1.16(i))</td> <td>minus 20 =</td> <td>*</td> </tr> <tr> <td>INDEPENDENT CLAIMS<br/>(37 CFR 1.16(h))</td> <td>minus 3 =</td> <td>*</td> </tr> <tr> <td><input type="checkbox"/> APPLICATION SIZE FEE<br/>(37 CFR 1.16(s))</td> <td colspan="2">If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</td> </tr> <tr> <td><input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))</td> <td colspan="2"></td> </tr> </table>   |   |   |   |   |                                  |                                       | (Column 1) | (Column 2) | OTHER THAN<br>SMALL ENTITY <input checked="" type="checkbox"/> OR<br>SMALL ENTITY | FOR   | NUMBER FILED | NUMBER EXTRA                              | <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c)) | N/A              | N/A               | <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m)) | N/A | N/A | <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q)) | N/A | N/A   | TOTAL CLAIMS<br>(37 CFR 1.16(i)) | minus 20 =                   | *   | INDEPENDENT CLAIMS<br>(37 CFR 1.16(h)) | minus 3 = | *  | <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s)) | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |  | <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))               |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |          |   |           |                              |   |       |       |           |   |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |        |  |        |                              |   |       |       |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (Column 1)  | (Column 2)  | OTHER THAN<br>SMALL ENTITY <input checked="" type="checkbox"/> OR<br>SMALL ENTITY |   |   |                                  |                                       |            |            |   |   |              |   |   |                  |                   |  |     |     |   |     |       |                                  |                              |     |  |           |  |   |   |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |          |   |           |                              |   |       |       |           |   |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |        |  |        |                              |   |       |       |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FOR   | NUMBER FILED  | NUMBER EXTRA  |   |   |                                  |                                       |            |            |   |   |              |   |   |                  |                   |  |     |     |   |     |       |                                  |                              |     |  |           |  |   |   |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |          |   |           |                              |   |       |       |           |   |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |        |  |        |                              |   |       |       |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))   | N/A   | N/A   |   |   |                                  |                                       |            |            |   |   |              |   |   |                  |                   |  |     |     |   |     |       |                                  |                              |     |  |           |  |   |   |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |          |   |           |                              |   |       |       |           |   |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |        |  |        |                              |   |       |       |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))  | N/A   | N/A   |   |   |                                  |                                       |            |            |   |   |              |   |   |                  |                   |  |     |     |   |     |       |                                  |                              |     |  |           |  |   |   |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |          |   |           |                              |   |       |       |           |   |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |        |  |        |                              |   |       |       |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))   | N/A   | N/A   |   |   |                                  |                                       |            |            |   |   |              |   |   |                  |                   |  |     |     |   |     |       |                                  |                              |     |  |           |  |   |   |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |          |   |           |                              |   |       |       |           |   |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |        |  |        |                              |   |       |       |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))  | minus 20 =  | *   |   |   |                                  |                                       |            |            |   |   |              |   |   |                  |                   |  |     |     |   |     |       |                                  |                              |     |  |           |  |   |   |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |          |   |           |                              |   |       |       |           |   |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |        |  |        |                              |   |       |       |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))  | minus 3 =   | *   |   |   |                                  |                                       |            |            |   |   |              |   |   |                  |                   |  |     |     |   |     |       |                                  |                              |     |  |           |  |   |   |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |          |   |           |                              |   |       |       |           |   |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |        |  |        |                              |   |       |       |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))  |   |   |   |   |                                  |                                       |            |            |   |   |              |   |   |                  |                   |  |     |     |   |     |       |                                  |                              |     |  |           |  |   |   |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |          |   |           |                              |   |       |       |           |   |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |        |  |        |                              |   |       |       |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.   |   |   |   |   |                                  |                                       |            |            |   |   |              |   |   |                  |                   |  |     |     |   |     |       |                                  |                              |     |  |           |  |   |   |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |          |   |           |                              |   |       |       |           |   |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |        |  |        |                              |   |       |       |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>APPLICATION AS AMENDED – PART II</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">(Column 1)</td> <td style="width: 33%; text-align: center;">(Column 2)</td> <td style="width: 33%; text-align: center;">(Column 3)</td> <td style="width: 33%; text-align: center;">OTHER THAN<br/>SMALL ENTITY <input checked="" type="checkbox"/> OR<br/>SMALL ENTITY</td> </tr> <tr> <td>AMENDMENT</td> <td>CLAIMS<br/>REMAINING<br/>AFTER<br/>AMENDMENT</td> <td>HIGHEST<br/>NUMBER<br/>PREVIOUSLY<br/>PAID FOR</td> <td>PRESENT<br/>EXTRA</td> </tr> <tr> <td><b>10/06/2010</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total (37 CFR 1.16(i))</td> <td>* 9</td> <td>Minus</td> <td>** 106 = 0</td> </tr> <tr> <td>Independent (37 CFR 1.16(h))</td> <td>* 2</td> <td>Minus</td> <td>***11 = 0</td> </tr> <tr> <td><input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))</td> <td colspan="3"></td> </tr> <tr> <td><input type="checkbox"/> FIRST 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AMENDMENT | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE (\$) | ADDITIONAL<br>FEE (\$) | RATE (\$) | Total (37 CFR 1.16(i)) | * | Minus | ** = | X \$26 = | 0 | OR X \$ = | Independent (37 CFR 1.16(h)) | * | Minus | *** = | X \$110 = | 0 | OR X \$ = | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s)) |  |  |  |  |  |  | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |  |  |  |  |  |  | (Column 1) |  |  | (Column 2) | (Column 3) | TOTAL ADD'L FEE |  | AMENDMENT | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE (\$) | ADDITIONAL<br>FEE (\$) | RATE (\$) | Total (37 CFR 1.16(i)) | * | Minus | ** = | X \$ = |  | X \$ = | Independent (37 CFR 1.16(h)) | * | Minus | *** = | X \$ = |  | X \$ = | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s)) |  |  |  |  |  |  | <input type="checkbox"/> FIRST 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| AMENDMENT   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                                       | PRESENT<br>EXTRA  |   |                                  |                                       |            |            |   |   |              |   |   |                  |                   |  |     |     |   |     |       |                                  |                              |     |  |           |  |   |   |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |          |   |           |                              |   |       |       |           |   |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |        |  |        |                              |   |       |       |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>10/06/2010</b>   |   |   |   |   |                                  |                                       |            |            |   |   |              |   |   |                  |                   |  |     |     |   |     |       |                                  |                              |     |  |           |  |   |   |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |          |   |           |                              |   |       |       |           |   |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |        |  |        |                              |   |       |       |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total (37 CFR 1.16(i))  | * 9   | Minus   | ** 106 = 0  |   |                                  |                                       |            |            |   |   |              |   |   |                  |                   |  |     |     |   |     |       |                                  |                              |     |  |           |  |   |   |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |          |   |           |                              |   |       |       |           |   |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |        |  |        |                              |   |       |       |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Independent (37 CFR 1.16(h))  | * 2   | Minus   | ***11 = 0   |   |                                  |                                       |            |            |   |   |              |   |   |                  |                   |  |     |     |   |     |       |                                  |                              |     |  |           |  |   |   |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |          |   |           |                              |   |       |       |           |   |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |        |  |        |                              |   |       |       |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |   |   |   |                                  |                                       |            |            |   |   |              |   |   |                  |                   |  |     |     |   |     |       |                                  |                              |     |  |           |  |   |   |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |          |   |           |                              |   |       |       |           |   |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |        |  |        |                              |   |       |       |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |   |   |   |                                  |                                       |            |            |   |   |              |   |   |                  |                   |  |     |     |   |     |       |                                  |                              |     |  |           |  |   |   |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |          |   |           |                              |   |       |       |           |   |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |        |  |        |                              |   |       |       |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (Column 1)  |   |   | (Column 2)  | (Column 3)  | TOTAL ADD'L FEE                  |                                       |            |            |   |   |              |   |   |                  |                   |  |     |     |   |     |       |                                  |                              |     |  |           |  |   |   |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |          |   |           |                              |   |       |       |           |   |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |        |  |        |                              |   |       |       |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AMENDMENT   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                                       | PRESENT<br>EXTRA  | RATE (\$)   | ADDITIONAL<br>FEE (\$)           | RATE (\$)                             |            |            |   |   |              |   |   |                  |                   |  |     |     |   |     |       |                                  |                              |     |  |           |  |   |   |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |          |   |           |                              |   |       |       |           |   |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |        |  |        |                              |   |       |       |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total (37 CFR 1.16(i))  | *   | Minus   | ** =  | X \$26 =  | 0                                | OR X \$ =                             |            |            |   |   |              |   |   |                  |                   |  |     |     |   |     |       |                                  |                              |     |  |           |  |   |   |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |          |   |           |                              |   |       |       |           |   |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |        |  |        |                              |   |       |       |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Independent (37 CFR 1.16(h))  | *   | Minus   | *** =   | X \$110 =   | 0                                | OR X \$ =                             |            |            |   |   |              |   |   |                  |                   |  |     |     |   |     |       |                                  |                              |     |  |           |  |   |   |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |          |   |           |                              |   |       |       |           |   |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |        |  |        |                              |   |       |       |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |   |   |   |                                  |                                       |            |            |   |   |              |   |   |                  |                   |  |     |     |   |     |       |                                  |                              |     |  |           |  |   |   |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |          |   |           |                              |   |       |       |           |   |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |        |  |        |                              |   |       |       |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |   |   |   |                                  |                                       |            |            |   |   |              |   |   |                  |                   |  |     |     |   |     |       |                                  |                              |     |  |           |  |   |   |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |          |   |           |                              |   |       |       |           |   |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |        |  |        |                              |   |       |       |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (Column 1)  |   |   | (Column 2)  | (Column 3)  | TOTAL ADD'L FEE                  |                                       |            |            |   |   |              |   |   |                  |                   |  |     |     |   |     |       |                                  |                              |     |  |           |  |   |   |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |          |   |           |                              |   |       |       |           |   |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |        |  |        |                              |   |       |       |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AMENDMENT   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                                       | PRESENT<br>EXTRA  | RATE (\$)   | ADDITIONAL<br>FEE (\$)           | RATE (\$)                             |            |            |   |   |              |   |   |                  |                   |  |     |     |   |     |       |                                  |                              |     |  |           |  |   |   |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |          |   |           |                              |   |       |       |           |   |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |        |  |        |                              |   |       |       |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total (37 CFR 1.16(i))  | *   | Minus   | ** =  | X \$ =  |                                  | X \$ =                                |            |            |   |   |              |   |   |                  |                   |  |     |     |   |     |       |                                  |                              |     |  |           |  |   |   |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |          |   |           |                              |   |       |       |           |   |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |        |  |        |                              |   |       |       |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Independent (37 CFR 1.16(h))  | *   | Minus   | *** =   | X \$ =  |                                  | X \$ =                                |            |            |   |   |              |   |   |                  |                   |  |     |     |   |     |       |                                  |                              |     |  |           |  |   |   |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |          |   |           |                              |   |       |       |           |   |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |        |  |        |                              |   |       |       |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |   |   |   |                                  |                                       |            |            |   |   |              |   |   |                  |                   |  |     |     |   |     |       |                                  |                              |     |  |           |  |   |   |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |          |   |           |                              |   |       |       |           |   |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |        |  |        |                              |   |       |       |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |   |   |   |                                  |                                       |            |            |   |   |              |   |   |                  |                   |  |     |     |   |     |       |                                  |                              |     |  |           |  |   |   |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |          |   |           |                              |   |       |       |           |   |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |        |  |        |                              |   |       |       |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.<br>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".<br>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".<br>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.   |   |   |   |   |                                  |                                       |            |            |   |   |              |   |   |                  |                   |  |     |     |   |     |       |                                  |                              |     |  |           |  |   |   |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |          |   |           |                              |   |       |       |           |   |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |        |  |        |                              |   |       |       |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Legal Instrument Examiner:<br><b>/NINA RATANAVONG/</b>  |   |   |   |   |                                  |                                       |            |            |   |   |              |   |   |                  |                   |  |     |     |   |     |       |                                  |                              |     |  |           |  |   |   |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |          |   |           |                              |   |       |       |           |   |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |            |            |                 |  |           |   |   |                  |           |                        |           |                        |   |       |      |        |  |        |                              |   |       |       |        |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**  
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